KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

P.O. Box 1360 Frankfort, Kentucky 40602

REINSTATEMENT APPLICATION

SSN:	
License/Certificate #	7

required to rerrenewal fee in "Kentucky Sticense/certifi	In accordance your concept of the treatment of the treatm	ance with KR credential(s) e money order (surer''. The serminated and	S Chavery DO Sixty nd m	apte yea NO (60 ust	er 31 or with or SE o) day obe re	and regulations go th the transmittal of CND CASH) as no grace period ende einstated with the	overning f a renevoted below ed Decer e reinsta	expired on October 31 this profession, you are wal form and the appropriate ow, made payable to the mber 31, Your atement fee of \$50.00 per us the reinstatement fee of
\$50.00 per cre	edential.							
(Example: if you mo	oved out of state	e for 2 years and did	not ren	ew yo	ou Kent		u will have	priate fee to the address above to pay the renewals for the two previous year
	No Years	x <u>Renewal Fe</u>	<u>e</u> +			After December 31 Reinstatement Fee	=	Total Amount Due
	[3	x \$50.00] +	-		\$50.00		
	\$1	50.00	+			\$50.00	=	\$200.00
	(Fee would be	e double for dual stat	us)					
Reinstatement I	Fee Calculat		Fee]	+	-	After December 31 Reinstatement Fee	=	Total Amount Due
Dietitian:	[x \$ 50.00]	+	-	\$ 50.00	=	
Nutritionist:	[]	x \$ 50.00]	+	-	\$ 50.00	=	
Dual:	[]	x \$100.00]	+	-	\$100.00	=	
PLEASE CO	MPLETE	THE FOLL	OW I	ING	3 :			
1. Note changes	in Name an	d Mailing Addre	ess <u>if d</u>	iffer	rent fr	om above:		
Name:								
Address:								

2.	. Present Business Addres	SS:		
-				
3.	Home Phone: ()		Business Phone: ()
4.	E-mail Address:			
		of a felony since your last applicate vide details on a separate sheet of		Yes () No.
		nsure and/or certification in anoth) Yes () No. If yes, give de		dential in any other state been subject of paper.
	of board approved continui		f November 1 to October	are required to obtain fifteen (15) hours r 31 for each renewal year . Up to fifteen r.
D i	ietitians/Certified Nut	nuing education hours mu critionists must submit pro	_	reinstatement. ucation hours for years renewals
W	ere not made.			
us	sing the CDR Portfolio	o Program must submit a	copy of the Learnin	documentation. Dietitians g Plan, copies of the certificates
	ours required for each		r vernication of cou	urses taken for the fifteen (15)
Co fo	dertified Nutritionists roor the fifteen (15) hour	nust submit documentations required for each renew	on of board approve val year.	d continuing education hours
Si	• • •	Sign your name – Do not print o		Date:
		AFF	IDAVIT	
my fal	y knowledge and belief. I	am aware that, should investigaterification could be subject to	ation at any time disclos	rue, correct, and complete to the best of se any such misrepresentation or he Kentucky Board of Licensure and
Si	ignature: (Required) _ (Sign your name – Do not print	or type)	Date:

Should you not renew a credential/license with dual status you may continue to practice under the renewed credential but should cease and desist practicing under the non-renewed credential. You will receive a cease and desist letter for the non-renewed credential.

Should you not renew a credential/license with dual status you may continue to practice under the renewed credential but should cease and desist practicing under the non-renewed credential. You will receive a cease and desist letter for the non-renewed credential.